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HISTORICAL SKETCH OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND FLOWER HOSPITAL. 1860--1910.

By Walter Sands Mills, '89

In order properly to appreciate the story of the founding and development of any institution, it is necessary to know something of the influences back of it. This is particularly true of a medical school, because its teaching is to prepare practitioners of medicine to care for the sick, and the admission to practice is regulated by law.

The first law regulating the practice of medicine in the Colonies was passed by the Grand Assembly of Virginia in 1639 and amended in 1645. It reads (Smithsonian Report) as follows:

“Chirurgion, Midwives, Physitians. Forasmuch as the Law of God allowes no man to impaire the Life, or Limb of any person, but in a judicial way:

“It is therefore, Ordered, That no person or persons whatsoever, imployed at any time about the bodyes of men, women or children, for preservation of life or health: as Chirurgions, Midwives, Physitians or others, presume to exercise or put forth any act contrary to the approved Rules of Art, in each mystery and occupation, nor exercise any force, violence or cruelty upon or towards the body of any, whether young or old (no not in the most difficult and desparate cases) without the advice and consent of such as are skillful in the same Art (if such may be had) or at least some of the wisest and gravest then present, and consent of the patient or patients if they be *mentes compotes*, much less contrary to such advice and consent; upon such severe punishment as the nature of the fact may deserve, which Law, nevertheless, is not intended to discourage any from all lawfull use of their skill, but rather to encourage them and direct them in the right use thereof, and inhibit

and retrain the presumptuous arrogance of such as through presidency of their own skill, or any other sinister respects, dare boldly attempt to exercise any violence upon or towards the bodies of young or old, one or other, to the prejudice or hazard of the life or limbe of man, woman or child."

The next law of which there is record was adopted by Massachusetts in 1649. It was adopted by New York in 1665. It reads as follows (Smithsonian Report):

"Whereas by the 9th Act of Assembly, held the 21st of October, 1639, consideration being had and taken of the immoderate and excessive rates and prices exacted by practitioners of physick and chirurgery and the complaints made to the then Assembly of the bad consequences thereof, It so happening that the hearts of divers Master were hardened rather to suffer their servants to perish for want of fitt meanes and applications than by seeking releife to fall into the hands of griping and avaricious men, It be apprehended by such masters who were swayed by politick respects than by Xpian (Christian) duty or charity, That it was the more gainful and saving way to stand the hazard of their servants than to entertain the certain charge of a physitian or chirurgeon whose demands for the most parte exceede the purchase of the patient. It was therefore enacted for the better redress of the like abuses thereafter until some fitter course should be advised on within the Colony, That it should be lawfull and free for any person or persons in such cases where they should conceive the acco'nt of the physitian or chirurgeon to be unreasonable either for his pains or for his druggs or medicines, to arrest the said physitian or chirurgeon either to the quarter court where they inhabit, where the said physitian should declare upon oath the true value, worth and quantity of his druggs and medicines administered to or for the use of the plt wherefor the court where the matter was tried was to adjudge and allow to the said physitian or chirurgeon such satisfaction and reward as they in their discretion should think fit. And it was further ordered that when it should be sufficiently proved in any of said courts that a physitian or chirurgeon had neglected his patient, or that he had refused, being thereunto required, his helpe and assistance to any person or perosns in sickness or extremity, that the said physitian or chirurgeon should be

censured by the said court for such neglect or refusal. Which said act and every clause therein mentioned and repeated this present Grand Assembly to all intents and purposes doth revive, ratifie, allow and confirm with this only exception that the plts, or patients, shall have their remedie at the County Courts respectfully, unless in case of appeale."

It will be seen from each of the above laws that their object was to safeguard the interests of patients. Both applied to those who professed to practice but said nothing as to who should practice. Such laws came later.

In 1765 the first medical school in the Colonies was founded, the Medical School of the College of Philadelphia, merged with the Medical Department of the University of Pennsylvania in 1791. In 1782 the Massachusetts Medical College, now the Harvard Medical School, was founded. In 1807 the College of Physicians and Surgeons, the Medical Department of Columbia University, was founded. These three medical schools from the beginning have taken high rank as institutions of learning, and have held the highest reputations among the medical schools of the country.

In 1813 a law was passed regulating the practice of medicine in New York State. It gave the licensing power to the County Medical Societies. These county societies, through their proper representatives, examined all candidates for licenses, and granted them to those considered fit.

In 1825 Homœopathy was introduced into the United States by Dr. H. B. Gram. By 1834 there were enough Homœopathic physicians and patrons to organize a society in New York City. The next few years saw the new medical practice spread to such an extent that the old school societies became oppressive and refused to license Homœopathic practitioners. This necessitated Homœopathic County Medical Societies, and on April 13, 1857, a bill was passed permitting the organization of County Homœopathic Medical Societies, with all the rights and privileges of the old school county societies. The Homœopathic Medical Society of the County of New York granted its first license to practice in 1858, and its last so recently as 1881.

In 1837 the New York University Medical College was founded. In 1861 Bellevue Medical College was founded. The two united some ten or fifteen years ago.

After the advent of Homœopathy, it was but a few years before the need of Homœopathic Medical Colleges was recognized. The first was the Hahnemann, of Philadelphia—organized at Allentown—in 1848. In 1849 two were organized in Cleveland and immediately united. In 1859 one was organized in St. Louis.

The New York Homœopathic Medical College was founded in 1860. As it was empowered to give the degree, Doctor of Medicine, it, like all other degree giving institutions in the State, literary or scientific, was placed under the general supervision of the State Board of Regents. The Board of Regents was founded in 1784.

The original charter of the New York Homœopathic Medical College read as follows:

Chap. 329.

An Act to incorporate "The Homœopathic Medical College of the State of New York, in New York City."

Passed April 12, 1860.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Hollis White, A. Oakey Hall, Daniel F. Tiemann, Cyrus W. Field, Benjamin F. Pinckney, James M. Smith, Jr., Abram B. Conger, Henry Nicoll, Horace H. Day, Francis A. Hall, Gordon W. Burnham, Charles L. Frost, David Austin, Jr., William Barton, John Haggerty, Charles E. Milner, Lot C. Clark, Frederick L. Talcott, James F. Hall, John P. Brown, J. M. Cooper, H. L. Van Wyck, P. M. Suydam, and their associates, are hereby constituted a body corporate, by the name of "The Homœopathic Medical College of the State of New York, in New York City," to be located in the city of New York, for the purpose of instruction in the various departments of medical science, professed and taught by said college.

Sec. 2. The said corporation may hold and possess real and personal estate to the amount of one hundred thousand dollars, and the funds or property thereof shall not be used for any other purpose than those declared in the preceding section. The said corporation may also hold such collection of books and of the productions of nature and of art, as may be necessary for purposes of medical and clinical instruction; and it may mortgage, from time

to time, its property, or any part thereof, by its bonds and mortgages, and may sell its property by its conveyances, and the same to be executed, under the common seal of said corporation, and acknowledged by the president, and may divide its property into shares of stock, transferable as personal property.

Sec. 3. The persons severally named in the first section of this act are hereby appointed trustees of the said corporation, with power to fill any vacancy in their board.

Sec. 4. The trustees, for the time being, shall have power to grant and confer the degree of doctor of homœopathic medicine, upon the recommendation of the board of professors of said college; but no person shall receive a diploma conferring such degree unless he shall be of the age of twenty-one years and upwards, and shall have pursued the study of medical science for at least three years after the age of sixteen, with some physician and surgeon, duly authorized by law to practice his profession, and shall also, after that age, have attended two complete courses of all the lectures delivered in some incorporated medical college, the last of which courses shall have been delivered by the professors of said college.

Sec. 5. The said college shall be subject to the visitation of the regents of the university, and shall annually report to them.

Sec. 6. The corporation hereby created shall possess the powers and be subject to the provisions of the eighteenth chapter of the first part of the Revised Statutes, entitled "of incorporations."

Sec. 7. The legislature may at any time alter, modify or repeal this act.

Sec. 8. This act shall take effect immediately.

The newly appointed Board of Trustees organized itself as follows:

President.

William Cullen Bryant.

Vice President.

Horace H. Day.

Secretary.

A. Oakey Hall.

Trustees.

Hollis White,	Abram B. Conger,
Daniel F. Tiernann,	Henry Nicoll,
Cyrus W. Field,	Francis A. Hall,
Benjamin F. Pinckney,	Gordon W. Burnham,
James M. Smith,	Charles L. Frost,
David Austin,	William Barton,
John Haggerty,	Charles E. Milner,
Lot C. Clark,	Frederick L. Taicott,
James F. Hall,	John P. Brown,
J. M. Cooper,	H. L. Van Wyck.
P. M. Suydam,	

The first faculty, the faculty for the year 1860-1861, consisted of:

Jacob Beakley, professor of surgery and dean.

Isaac M. Ward, professor of obstetrics.

William E. Payne, professor of principles and practice of Homœopathic medicine.

Franklin W. Hunt, professor of clinical medicine.

Mathew Semple, professor of chemistry and toxicology.

Stephen R. Kirby, professor of materia medica and therapeutics.

John de la Montayne, professor of anatomy.

William W. Rodman, professor of physiology.

The college opened at 116 East Twentieth street, from whence the first class was graduated with twenty-seven members in 1861.

The regulations required that "Each candidate for graduation must be of good moral character, have attained the age of twenty-one years, and have applied himself to the study of medicine with some reputable practicing physician for three years." He must have attended two full courses of medical lectures at this college. Except, that students for at least one year from other recognized medical colleges, might become eligible for graduation by attending one course of lectures at this college, and fulfilling the other requirements. The course extended from the middle of October till the first of March. No admission examination was required.

It may be of interest to note that, for that same year, the lectures at Harvard began the first Wednesday in November and

lasted four months. A knowledge of Latin and physics was required for admission.

From the beginning the New York students had the privilege of clinical observations at the public clinics of the charity hospitals and at the various Homœopathic dispensaries throughout the city. The college also established a dispensary of its own where clinics for the benefit of the students were held on Wednesdays and Saturdays. The students of the senior class were sent out to take charge of confinement cases among the poor.

In 1867 the college moved to 151 East Twentieth street.

During the administration of Dr. Jacob Beakley, as Dean, various changes in the Faculty were made. Dr. Egbert Guernsey became a member of it in 1862. Dr. Timothy F. Allen took the chair of anatomy in 1866. Dr. P. P. Wells and Dr. Carroll Dunham became professors of medicine in 1867. Dr. Ira Remsen, graduated in the class of 1865, became professor of chemistry in 1869. He is now president of Johns Hopkins University.

Among the graduates of the class of 1869 was Dr. J. H. Gallinger, now a United States Senator from New Hampshire.

In 1869 the charter was amended somewhat. The name was changed from "The Homœopathic Medical College of the State of New York, in New York City" to "The New York Homœopathic Medical College." The faculty was "to consist of not less than six persons, qualified to instruct students in anatomy, physiology, the institutes and practice of medicine and surgery, obstetrics, materia medica, therapeutics, hygiene, chemistry, pharmacy, medical jurisprudence and kindred sciences; and also a board of censors, not less than three in number, none of whom shall be a professor or instructor in said college, to examine and recommend candidates for the degree of doctor of medicine." It gave the privilege of conferring an honorary degree, on recommendation of the censors, "upon eminent practitioners of medicine and persons holding diplomas from other reputable incorporated medical institutions."

In 1870 the college was reorganized. The faculty was materially enlarged, though not a single member of the faculty of 1869-1870 was reappointed. Dr. Carroll Dunham returned to the college as Dean. He and Dr. Timothy F. Allen were associated in the chair of materia medica. Dr. John W. Dowling came to the

chair of practice and Dr. Wm. Tod Helmuth to the chair of surgery. Dr. Lilienthal also became a member of the Faculty.

Dr. Samuel A. Jones became professor of histology, and the use of the microscope became part of the required work. The announcement read: "It is a matter of congratulation that a distinct chain of Histology, the basis of Scientific Pathology, has been first established in this country in a Homœopathic College."

The catalogue contained a notice to the effect that the college would, as far as possible, act in conformity with the recommendations promulgated by the American Institute of Homœopathy at the session of 1870, which were as follows:

"1. Applicants for matriculation in a Homœopathic Medical College shall pass an examination in the elements of a thorough English education, embracing chemistry and botany, together with a knowledge of the rudiments of the Latin language. Graduates of academies or colleges shall not be required to submit to this examination.

"2. The Homœopathic Medical Colleges shall, as soon as practicable, adopt a curriculum of a three years' course of studies, comprising three terms of lectures, which terms shall be graduated as to their subjects, the first comprising elementary branches, and the second and third, the more advanced and practical branches of medical science; and each term shall embrace not less than eighteen weeks. At the beginning of the second and third terms, there shall be an examination on the subjects taught during the first and second terms, which examination, if successfully passed, shall be final as regards those subjects. Students who have attended lectures in other medical colleges, and graduates of classical colleges, shall submit to similar examinations, and may enter the class for which they are found qualified.

"3. The curriculum of study in a Homœopathic Medical College shall embrace the following subjects: Anatomy in all its branches; Chemistry and Toxicology; Physiology and Histology; Materia Medica, Pharmacy and Botany; Surgery in all its branches; Institutes and Practice of Medicine; General and Special Pathology and Diagnostics; Obstetrics, Gynecology and Pedology; Psychological Medicine and Medical Jurisprudence. Surgery, Practice and Obstetrics should be abundantly illustrated by clinics.

"4. The number of professors in each medical college should be greatly increased beyond the usual number, in order that the division of labor thereby attained may render practicable the recommendations already made respecting the terms and curriculum of study, and in order that specialism in teaching may be introduced as far as practicable.

"5. Graduates of other medical colleges may receive a diploma from a Homœopathic Medical College upon satisfactorily passing an examination before the Faculty, upon all the branches embraced in the curriculum of subjects taught in the college.

"6. When practicable, examinations for the degree of Doctor of Medicine should be conducted in public, and especially in the presence of a Board of Censors, not less than three in number, each of whom should be a member of the American Institute of Homœopathy.

"7. The American Institute of Homœopathy disapproves the granting of special degrees. (The New York College had given such degrees.)

"8. The American Institute of Homœopathy approves and recommends efforts to secure the endowment of Homœopathic Medical Colleges, Professorships and Scholarships."

By resolution the Institute also voted that no one should be eligible to membership in it who graduated in 1873 or later from any medical college whose curriculum did not fulfill the above requirements.

Until this time—and for nearly twenty years longer in all the other medical colleges in New York—the curriculum of a medical school consisted of sets of lectures on anatomy, physiology, chemistry, materia medica and therapeutics, practice, surgery, and obstetrics and gynecology. The same lectures were repeated year after year and the student was required to pay for the privilege of hearing each set twice. He could do that in two successive years or he could divide his work so as to cover more than two years. But each set had to be paid for twice, and the student was supposed to listen to them twice. There was no distinction between classes, there was no graded work. Nor was there any required laboratory work of any kind, except dissection. Many medical students were men who had failed in other things and went into

medicine because it was easy to get a medical degree. Even as late as 1884, the Harvard Medical School each year received a number of students who failed to pass the entrance examinations for the college and went to the medical school because the requirements for admission were so much less.

In its announcement for the session of 1871-1872, the New York Homœopathic Medical College made the first attempt at a graded three-year course of medical teaching. The notice read as follows:

"Extra Announcement.

"As an extraordinary inducement to students to attend the *graded course* in accordance with the suggestion of the American Institute of Homœopathy, the Faculty have adopted the following curriculum of study, which is earnestly recommended to students, but is not considered obligatory upon them:

"First year: Anatomy, Physiology, Institutes of Medicine, Histology, Chemistry, Dissecting.

"Second year: A review of the studies of the first year, and Surgery, Practice, Materia Medica and Therapeutics.

"Third year: A review of the studies of the second year, and History of Medicine, Clinics, Medical Jurisprudence, Psychological Medicine, Obstetrics, Ophthalmology and Aural Surgery."

This schedule was amplified and improved upon in 1872-1873 and the succeeding years. The Faculty strongly urged students to take the three years' graded course, but at first did not feel justified in making it obligatory, as the State law only required attendance at a medical school for two years. The graded three years' course proved so satisfactory, however, that in 1878 attendance on it was made obligatory.

At the time the college was founded, and for many years afterwards, county medical societies had legal authority to grant licenses to practice medicine to those considered qualified. Attendance at, or graduation from, a medical school was not obligatory.

It will, therefore, be seen that the New York Homœopathic Medical College was far in advance of all legal requirements when it instituted its three years' graded course of study. It was then, as it always had been, and still is, in the forefront as a teaching institution. The adoption of this plan was a great step forward

in the teaching of medicine. The New York Homœopathic Medical College was the *first* medical college in the United States to institute a three-year graded course of study, and to it should be given all praise. Its action at that time testifies to the courage, devotion and enthusiasm of its administrators.

Two other things have always been emphasized throughout the history of the college. One, the use of much clinical material to illustrate the theoretical and didactic teaching. The second, frequent recitations by the students, that they may form the habit of putting their knowledge into words. Both have been of immense advantage to its graduates.

It may be of interest to note that in 1871 the faculty of the Harvard Medical School likewise made a tentative three-year graded course, divided as follows:

First year: Anatomy, Physiology, Chemistry.

Second year: Medical Chemistry, Materia Medica, Pathological Anatomy, Practice, Surgery.

Third year: Pathological Anatomy, Therapeutics, Obstetrics, Practice, Surgery.

If the Harvard student chose, the work was arranged so that he could take it all in one year. It was also announced that in future examinations should be held in each course at the end of it, and should be written. Before that time a student wishing to become a candidate for a degree, notified the faculty when his entire course was completed. At an appointed time he appeared before the entire faculty and took an oral examination. If he received a majority of favorable votes from the members of the faculty present at this ordeal, he was granted his degree.

In the winter of 1872-1873 the New York College was moved to Third avenue and Twenty-third street, where it occupied quarters jointly with the Ophthalmic Hospital. One hundred thousand dollars of the money for this building was given by Mrs. Henry Keep as a memorial to her husband.

The relations between the college and the Ophthalmic Hospital at that time were particularly close. Lectures were given on the eye and ear by the attending surgeons of the Ophthalmic Hospital on Wednesday and Saturday evenings. Students of the college were admitted free. Those who wished could take an examina-

tion at the end of the course. If they passed satisfactorily a fee of twenty-five dollars entitled them to the Ophthalmic diploma.

In 1871 a new executive office was created, that of Registrar. Dr. J. W. Dowling, Sr., was the first incumbent.

In 1872, Mr. Salem H. Wales became president of the Board of Trustees in place of Mr. William Cullen Bryant.

In 1873-1874 special lectures were added to the curriculum on venereal, skin and children's diseases, and on sanitary science.

In 1874, Dr. Carroll Dunham resigned and Dr. J. W. Dowling, Sr., became Dean.

In 1879-1880 a supplementary spring course of lectures was given.

In 1882, Dr. Timothy F. Allen succeeded Dr. J. W. Dowling, Sr., resigned, as Dean.

In 1883 the alumni association was organized.

In 1884 the college term was lengthened to six months.

In 1885 the next great step forward was made,—prospective students were required to present a diploma of graduation from a college, a high school, or a first-grade teachers' certificate. Failing either of these they were required to pass an entrance examination in mathematics, English composition, geography and elementary physics. Harvard required Latin, physics, and a choice of French, German or algebra.

In 1886 the administration made an appeal for funds to procure a new site for the college. Almost immediately Mr. John D. Rockefeller and Mr. David Dows each contributed twenty-five thousand dollars. Other subscriptions came in rapidly, and in 1887 the ground at Avenue A, from Sixty-third to Sixty-fourth streets, was bought, the present location of the college. The name was changed to the New York Homœopathic Medical College and Hospital.

In 1888, Mr. Roswell P. Flower gave money to build a surgical hospital building—the Flower Hospital. Judge Rufus R. Cowing became president of the Board of Trustees.

In the fall of 1889 the new buildings were opened. They gave the college more commodious quarters. The new hospital, with its ambulance service, its hospital cases, and its dispensary cases, added very materially to the clinical facilities. Since then the

distinction of owning and controlling its own hospital, as it had from the beginning had its own dispensary.

In 1889 and 1890 the State began to take more than a perfunctory interest in medical education. A law was passed requiring prospective medical students, not graduates of colleges, to take examinations in arithmetic, grammar, geography, orthography, American history, English composition and elements of natural philosophy. These examinations were supervised by the State Board of Regents.

Since then all medical students have been required to qualify for the Regents' certificates in these subjects before becoming full fledged medical students.

In 1890 also the State Board of Medical Examiners was formed by law. Each school of practice had its own board. Before a graduate in medicine could get a license to practice he was required to pass examinations in anatomy, physiology and hygiene, chemistry, surgery, obstetrics, pathology and diagnosis, and therapeutics, including practice and materia medica. Examinations in the last three subjects differed for adherents of the particular schools, Allopathic, Homœopathic, Eclectic, as the case might be. Questions on the other subjects were the same for all candidates for licenses.

In 1893, Dr. William Tod Helmuth, Sr., became Dean in place of Dr. Timothy F. Allen.

In 1894 the college course was lengthened to four years of seven months each. Again the college was among the very first to improve the teaching conditions. Harvard had recommended four years in 1880, but did not require it till 1892.

In 1896 a medical hospital building was built, and the original hospital building was devoted to surgical cases.

In 1899, Dr. T. F. Allen became president of the Board of Trustees.

In 1901, Mr. Anson R. Flower became president of the Board of Trustees. In that year he purchased the tenement adjacent to the college grounds on Sixty-third street, and presented it to the college for a dispensary building.

In 1902, Dr. Wm. Harvey King was made Dean on the death of Dr. Wm. Tod Helmuth.

In 1903, 1904 and 1905 a brief practitioners' course was given during May. It was quite well attended, but for some reason was not kept up in the following years.

In 1907 the Medical Practice law was amended. The three Medical Examining Boards were abolished and one was substituted. Examinations in materia medica and therapeutics for those desiring to get a license to practice were done away with by the State.

In 1908 the college charter was amended and the name changed to "The New York Homœopathic Medical College and Flower Hospital."

In 1908 Dean King resigned and Dr. Royal S. Copeland, of the University of Michigan, was called to New York by the trustees to take his place as Dean. In this year Mr. Melbert B. Cary was made president of the Board of Trustees.

Early in 1909 the city added a large section to the Flower Hospital ambulance district. To care for the increased number of patients the trustees bought another adjacent building and transformed it into a nurses' home. The old nurses' quarters were reconstructed as wards, giving an increased capacity of fifty beds.

Three motor ambulances were purchased. There were already three for horses. A social service department was also organized to give relief to dispensary patients and to discharged hospital patients.

Some idea of the work done may be obtained from the figures for 1909. During that year the ambulances answered 6,604 calls. There were 3,145 patients treated in the wards of the hospital. There were 10,010 new patients registered at the dispensary and 31,168 old ones returned—a total of 41,178. The doctors and nurses made 7,244 visits to the homes of patients too poor to pay and too sick to go to the dispensary themselves.

Today the New York Homœopathic Medical College and Flower Hospital has one of the most complete equipments for teaching medical students to be found in this country. The course covers four years of nine months each. The laboratory equipment is complete. The clinical facilities furnished by the associate hospital and dispensary are unique. This college is the only one—except New York Homœopathic Medical College has enjoyed the unique

the Women's Homœopathic College, also in New York—owning its own hospital, attended solely by its own faculty. The close relations of the college with the Metropolitan Hospital, the Cumberland Street Hospital, of Brooklyn; the Ophthalmic Hospital, and the Laura Franklin Hospital for Children afford unlimited clinical material for bedside instruction, and for personal examination and observation. All kinds of medical and surgical cases—except the acute contagious diseases—are treated in these various institutions. Besides this, students of the senior class, under the supervision of instructors, make calls on patients at their homes. Many of the acute contagious diseases are seen and treated in this out-door visiting.

The college ranks in the first class among medical colleges with the State Board of Regents, and with the joint collegiate committee of the American Medical Association and the American Institute of Homœopathy. Its course of teaching has been, year for year, as good as any, and better than most, other medical colleges. Its clinical facilities far surpass those of any other institution.

Trustees 1860-1910

Allen, Timothy F.—1885-1903; President 1899-1901.

Austin, David—1860-1864.

Barton, William—1860-1864.

Bears, William F.—1864-1866.

Benedict, Elias C.—1874-

Bissel, John—1864-1866; 1869-1871.

Blackman, Wm. W.—Alumnus Trustee 1905-

Blakeman, Birdseye—1882-1887.

Brady, A. N.—1903-1909.

Brewster, Robert S.—1901-

Brown, John P.—1860-1864.

Bryant, William Cullen—1860-1872; President 1860-1872.

Burnham, Gordon W.—1860-1864.

Calkins, James G.—1871-1882; 1883-1901.

Cannon, James G.—1897-1907.

Cary, Melbert B.—1897- ; President 1908-

Clark, Lot C.—1860-1864.

- Clarke, George W.—1871-1909; Secretary 1872-1909.
 Comstock, Andrew—1864-1867.
 Conger, Abram B.—1860-1864.
 Cooper, J. M.—1860-1864.
 Copeland, Royal S.—1908-
 Cowing, Rufus B.—1887- ; Vice-President 1887-1888; President 1888-1899.
 Davenport, E. W.—1904- ; Secretary 1909-
 Day, Horace H.—1860-1867; Vice-President 1860-1865.
 Degroot, William—1866-1874.
 Depew, Chauncey—1883-1884.
 Devoe, Frederick W.—1893-1909.
 Drew, Danie!—1865-1867.
 Dwight, Edmund—1864-1897; Secretary 1869-1872; Vice-President 1872-1887.
 Dwight, Theodore W.—1864-1871.
 Ely, George W.—1889-1901.
 Field, Cyrus W.—1860-1864.
 Field, David Dudley—1864-1865.
 Fiske, Wm. M. L.—1902-1905.
 Flower, Anson R.—1900-1909; President 1901-1908.
 Flower, Frederick S.—1899-
 Flower, Roswell P.—1887-1899; Treasurer 1887-1899.
 Fogg, William H.—1882-1884.
 Foote, C. B.—1887-1893.
 Fosdick, Charles B.—1892-1897.
 Frame, Charles E.—1869-1874.
 Frear, Alexander—1871-1872.
 Frost, Charles L.—1860-1864.
 Green, Andrew H.—1893-1904.
 Grinnell, Moses H.—1864-1866.
 Griswold, George—1864-1871.
 Haggerty, John—1860-1864.
 Hall, A. Oakey—1860-1873; Secretary 1860-1866.
 Hall, Francis A.—1860-1864.
 Hall, James F.—1866-1869; Secretary 1866-1869.
 Hallock, Lewis—1871-1897.
 Halsey, Frederick R.—1909-

- Hasbrouck, Everett—1889-1890.
 Hastings, Frank S.—1909- ; Treasurer 1910-
 Haughwout, Eder V.—1864-1866.
 Hawk, William S.—1892-1910.
 Helmuth, Wm. Tod—1891-1902.
 Hoe, Richard M.—1887- ; Vice-President 1888-1889; Treasurer 1899-1910.
 Hoe, Stephen S.—1874-1887.
 Howe, Frank E.—1864-1866.
 Jennings, O. G.—1901-
 Joslin, B. F.—1871-1884.
 Kearny, Henry S.—1897-
 Kernochen, J. Frederick—1887-1902; Counsel 1910-
 King, Wm. Harvey—1902-1910.
 Kunhardt, W. B.—1897-1907.
 Lake, George S.—1871-1874.
 Langhaar, Henry L.—1910-
 Lanier, Charles—1874-1882.
 Lockman, John T.—1897-1898.
 Ludlow, Edward H.—1864-1871.
 McLean, James—1897-1903.
 Marshall, Charles H.—1864-1866.
 Marshall, D. D. T.—1869-1889.
 Mead, Ralph—1866-1871.
 Milner, Charles E.—1860-1864.
 Mossman, N. A.—1890-1893.
 Munn, Orson D.—1866-1871.
 Nicoll, Henry—1860-1864.
 Nott, Frederick J.—Alumnus Trustee 1893-1905.
 Pettie, D. Louis—1869-1874.
 Pinckney, Benjamin F.—1860-1865.
 Pratt, William M.—Alumnus Trustee 1884-1889.
 Quincy, John W.—1882-1883.
 Quinn, Martin J.—1909-
 Raynor, William H.—1871-1875.
 Ricketts, P. de p.—1889-1901.
 Robinson, James A.—1869-1874.
 Root, Russell C.—1887-1897.

- Shelton, George G.—1898-1910.
 Smith, Howard Caswell—1909-
 Smith, James M.—1860-1874.
 Smith, St. Clair—1905-
 Smith, T. C.—1871-1873.
 Spreckles, Claus—1909-
 Stewart, Robert L.—1874-1877.
 Streleigh, Robert M.—1864-1865.
 Sturgess, Jonathan—1864-1871.
 Suydam, P. M.—1860-1864.
 Taintor, Giles E.—1887- ; Vice-President 1889-
 Talcott, Frederick L.—1860-1864.
 Tiemann, Daniel F.—1860-1866.
 Tousey, Sinclair—1874-1888.
 Twombly, H. N.—1869-1897 ; Treasurer 1869-1887.
 Van Buren, John D.—1869-1883.
 Van Dyke, Benjamin C.—1903-
 VanWyck, H. S.—1860-1864.
 Walcott, Benjamin H.—1869-1882.
 Wales, Salem H.—1864-1897 ; Vice-President 1865-1872 ; President 1872-1888.
 Weber, Edward Y.—1910-
 Webster, Horace—1867-1872.
 White, Hollis—1860-1864.
 Whitehouse, W. F.—1887-1900.
 Wickham, William H.—1875-1888.
 Wilder, Alexander—1871-1873 ; 1874-1876.
 Wood, Arno'd—1910-

Censors 1869-1909

- Baldwin, Jared G.—Censor 1885-1909.
 Bassett, John S.—Censor 1891-1909.
 Belcher, George E.—Censor 1870-1891.
 Bowers, B. F.—Censor 1869-1870.
 Fowler, Edward P.—Censor 1870-1877.
 Hallock, Lewis—Censor 1871-1896.
 Joslon, B. F.—Censor 1870-1882.

Keep, J. Lester—Censor 1899-1900.
 Kinne, T. Y.—Censor 1891-1904.
 Leal, Malcolm—Censor 1899-1909.
 Lilienthal, Samuel—Censor 1869-1870.
 McMurray, Robert—Censor 1885-1896.
 Marcy, E. E.—Censor 1869-1870; 1877-1899.
 Paine, H. D.—Censor 1882-1891.
 Simmons, Daniel—Censor 1907-1909.
 Wetmore, J. McE.—Censor 1875-1908.

Deans 1860-1910

Jacob Beakley—1860-1870.
 Carroll Dunham—1870-1874.
 John William Dowling—1874-1882.
 Timothy Field Allen—1882-1893.
 William Tod Helmuth—1893-1902.
 William Harvey King—1902-1908.
 Royal Samuel Copeland—1908-

An Alphabetical List of All Members of the Faculty of Professional Rank 1860-1910

Adriance, J. S.—Chemistry, 1897-1905.
 Allan, George S.—Histology, 1872-1876.
 Allen, J. Wilford—Asst. Prof. Materia Medica, 1905-1908;
 Prof., 1908-
 Allen, Paul—Materia Medica, 1902-1908.
 Allen, Timothy F.—Anatomy, 1866-1869; Materia Medica, 1870-
 1902; Dean, 1882-1902; Emeritus, 1902-1903.
 Arcularius, P. E.—Dermatology, 1881-1893.
 Avery, Henry N.—Physiology, 1869-1870; Chemistry, 1871-1874.
 Bacon, C. A.—Histology, 1871-1874; Histology, 1876-1877;
 Physiology and Histology, 1877-1878.
 Bagg, Clinton L.—Surgery, 1902-
 Barlow, Samuel B.—Materia Medica, 1864-1870.
 Baruch, Emanuel—Bacteriology, 1892, and Pathology, 1898-1899.
 Beakley, Jacob—Dean, 1860-1870; Surgery, 1860-1870.
 Beebe, Clarence E.—Laryngology, 1884-1896.

- Bingham, Anson H.—Asst. Prof. Orthopedics, 1910-
 Bishop, William H.—Surgery, 1899- ; Registrar, 1899-1903.
 Blackman, William W.—Asst. Prof. Anatomy, 1883-1889; Anatomy, 1889-1896.
 Boyle, Charles C.—Clinical Ophthalmology, 1909-
 Blodgett, G. W.—Physiology, 1880-1885.
 Boynton, Frank H.—Ophthalmology, 1891-1902.
 Bradford, Frank S.—Materia Medica, 1863-1864; Practice, 1870-1885; Secretary, 1873-1883.
 Buchanan, T. Drysdale—Anesthesia, 1910-
 Burdick, S. R.—Obstetrics, 1870-1885.
 Butler, John—Electro-Therapeutics, 1881-1884.
 Butler, Wm. Morris—Mental Diseases, 1903-
 Carmichael, J. A.—Anatomy, 1861-1863; Anatomy and Physiology, 1863-1866; Anatomy, 1872-1876.
 Carleton, Bukk G.—Genito-Urinary, 1902-
 Carleton, Edmund—Homœopathic Philosophy, 1902-1907; Emeritus, 1907-
 Carleton, Sprague—Asst. Prof. Genito-Urinary, 1909-
 Close, Stuart—Homœopathic Philosophy, 1908-
 Coleman, Daniel E. S.—Asst. Prof. Materia Medica, 1910-
 Copeland, Royal S.—Dean, 1908- ; Ophthalmology, 1908-
 Cowl, Walter Y.—Pathology, 1881-1884.
 Crump, Walter G.—Obstetrics, Asst., 1906-1908.
 Danforth, Loomis L.—Asst. Prof., 1884-1885; Obstetrics, 1885- ; Secretary, 1886-1896.
 Dearborn, Frederick M.—Asst. Prof. Dermatology, 1907-1908; Prof. Dermatology, 1908-
 Dearborn, Henry M.—Dermatology, 1893-1904; Secretary, 1896-1902.
 Deschere, Martin—Diseases of Children, 1881-1902; Emeritus, 1902-1903.
 Deuel, Joseph M.—Jurisprudence, 1902-1908.
 Dieffenbach, Wm. H.—Asst. Prof. Physcial Therapeutics, 1907-1908; Prof., 1908-
 Dillow, George M.—Kidney, 1885-1902.
 Doughty, Francis E.—Anatomy, 1876-1889; Genito-Urinary, 1884-1893; Surgical Gynecology, 1893-1903; Emeritus, 1903-1907.

Dowling, John W., Sr.—Practice, 1870-1880; Diagnosis, 1880-1892; Registrar, 1871-1874; Dean, 1874-1882.

Dowling, J. W., Jr.—Histology, 1888-1892; Diagnosis, 1892-1905; Practice, 1907- ; Secretary, 1908.

Dunham, Carroll—Clinical Medicine, 1867-1868; Materia Medica, 1868-1869; Materia Medica, 1870-1874; Dean, 1870-1874.

Ebell, Adrian J.—Physiology, 1873-1877.

Ellis, John—Practice, 1861-1863.

Fobes, Joseph Henry—Asst. Prof. Surgery, 1910-

Freeman, William H.—Materia Medica, 1908-

Friedburg, L. H.—Chemistry, 1891-1897.

Guernsey, Egbert—Materia Medica, 1862-1863; Practice, 1863-1866.

Hamlin, Frederick W.—Asst. Prof. Obstetrics, 1902-1903; Prof., 1903-1909.

Heitzmann, Louis—Pathology and Bacteriology, 1902-

Helmuth, Wm. Tod, Sr.—Surgery, 1870-1902; Dean, 1893-1902.

Helmuth, Wm. Tod, Jr.—Surgery, 1899-

Hinsdale, Albert E.—Chemistry, 1908-

Hollister, Frederick K.—Materia Medica, 1904-1905; Practice, 1905-1907.

Houghton, Henry C.—Physiology, 1871-1873; Otology, 1882-1902.

Howard, Clarence C.—Special Homœopathic Therapeutics, 1907-1908.

Hunt, Franklin W.—Clinical Medicine, 1860-1861; Materia Medica, 1861-1862; Practice and Pathology, 1866-1867; Diagnosis and Pathology, 1867-1868; Jurisprudence, 1868-1870.

Jones, Edwin A.—Jurisprudence, Asst., 1904-1908.

Jones, Robert M.—Asst. Prof. Laryngology, 1910-

Jones, Samuel A.—Histology, 1870-1871.

Kellogg, E. M.—Obstetrics, 1868-1869; Women and Children, 1870; Emeritus, 1872-1906.

King, Wm. Harvey—Electro-Therapeutics, 1895-1908; Dean, 1902-1908.

Kirby, Stephen R.—Materia Medica, 1860-1861; Medical Jurisprudence, 1861-1868.

- Laidlaw, Georke Frederick—Practice, 1903-
 Langley, Ralph W.—Chemistry, 1905-1908.
 Leal, Malcolm—Chemistry, 1880-1891; Hygiene, 1891-1896;
 Laryngology, 1896-1898.
 Liebold, C. T.—Ophthalmic Surgery, 1870-1887.
 Lilienthal, Samuel—Clinical Medicine, 1870-1882; Physiological
 Medicine, Mental and Nervous, 1882-1885.
 Lloyd, Ralph I.—Asst. Prof. Anatomy, 1907-1908; Prof., 1908-
 Lund, Frederick A.—Asst. Prof. Medicine, 1910-
 Lyon, R. H.—Jurisprudence, 1871-19 ; Emeritus, 1899-
 McDonald, Wm. O.—Anatomy, 1870-1872; Gynecology, 1872-
 1893.
 McDowell, Charles—Physiology, 1885-1898; Hygiene, 1898-1901;
 Physiology and Hygiene, 1901-
 McDowell, George W.—Otology, 1902-
 McDuffie, Marshall W.—Asst. Prof. Obstetrics, 1910-
 McMichael, Arkell R.—Materia Medica and Therapeutics, 1910-
 Macy, Charles S.—Gynecology, 1894-1902.
 Mills, Walter Sands—Practice, 1908-
 Minor, John C.—Surgery, 1870-1871.
 Minton, Henry B.—Asst. Prof. Anatomy, 1895-1896; Professor,
 1896-1908; Practice, 1908-
 Mitchell, J. J.—Chemistry, 1867-1869.
 Moffat, Edgar V.—Histology, 1882-1885; Secretary, 1883-1886;
 Materia Medica, 1885-1890.
 Montanye, John de la—Anatomy, 1860-1861.
 Morgan, A. R.—Practice, 1868-1869; 1870-1871; 1891-1892.
 Munson, Edwin S.—Histology, 1902-
 Nash, E. B.—Materia Medica, 1902-1908.
 Norton, Arthur B.—Ophthalmology, 1902-1908.
 Norton, George S.—Ophthalmology, 1887-1891.
 Nott, Frederick J.—Practice, 1900-1903.
 O'Connor, J. T.—Chemistry, 1874-1880; Materia Medica, 1880-
 1882; Nervous Diseases, 1888-1903; Emeritus, 1903-
 Paige, H. Worthington—Adj. Prof. Practice, 1905-1906.
 Paine, H. D.—Clinical Medicine, 1866-1867; Institutes and His-
 tory of Medicine, 1870-1880; Secretary, 1872-1873.
 Payne, William E.—Homœopathic Medicine, 1860-1861.
 Pearsall, William S.—Physiology, 1898-1901.

- Penfield, D. B.—Jurisprudence, 1870-1871.
 Pierce Willard Ide—Materia Medica, 1902-1908.
 Porter, Eugene H.—Asst. Prof. Chemistry, 1887-1891; Chemistry, 1891-1894; Physiological Materia Medica, 1894-1899.
 Rabe, Rudolph F.—Materia Medica, 1908-
 Rankin, E. Guernsey—Practice, 1902-
 Remsen, Ira—Chemistry, 1869-1870.
 Roberts, George W.—Surgery, 1902-1903; Gynecology, 1903-; Secretary, 1902-1905.
 Rockwitt, F. A.—Chemistry, 1870-1871.
 Rodman, William W.—Physiology, 1860-1861.
 Rudderow, Edw. D.—Asst. Prof. Practice, 1904-1907.
 Schley, J. Montfort—Practice, 1891-1901.
 Schurman, George W.—Jurisprudence, 1900-1902.
 Semp'e, Mathew—Chemistry and Toxicology, 1860-1861; 1865-1867.
 Seward, J. Perry—Materia Medica, 1902-1904.
 Shelton, George G.—Pharmaceutics, 1890-1891; Materia Medica, 1891-1902; Registrar, 1892-1899; Emeritus, 1902-
 Simonson, Jeremiah T.—Pediatrics, 1902-
 Smith, D. D.—Chemistry and Physiology, 1861-1865; Obstetrics, Women and Children, 1865-1870.
 Smith, H. M.—Physiology, 1866-1869.
 Smith, St. Clair—Physiology, 1878-1880; Children, 1880-1881; Materia Medica, 1882-1883; 1902-1903; Practice, 1883-1902; Emeritus, 1903-
 Stearns, Guy B.—Asst. Prof. Materia Medica, 1910-
 Stewart, Ralph A.—Asst. Prof. Surgery, 1909-
 Stiles, H. R.—Physiology, 1870-1871.
 Swift, Edward P.—Assist. Prof. Medicine, 1910-
 Talcott, Selden H.—Mental and Nervous, 1885-1903.
 Teets, Charles E.—Laryngology, 1902-
 Thompson, John H.—Minor Surgery, 1881-1882.
 Tuttle, Edward G.—Surgery, 1899-1902; Gynecology, 1902-; Secretary, 1905-1908.
 Van den Burg, Wm. H.—Practice, 1903-
 Ward, Isaac M.—Obstetrics, Women and Children, 1860-1865.
 Ward, James H.—Practice, 1869-1870.
 Weadock, John C.—Jurisprudence, 1908.

Wells, P. P.—Practice, 1867-1869.

White, John F.—Asst. Prof. Anatomy, 1910.

White, W. Storm—Pathology, 1884-1894.

Wilcox, Sidney F.—Surgery, 1892-1902.

Wilson, John E.—Adj. Prof. Mental Diseases, 1904-1906; Prof., 1906-

Wright, A. R.—Hygiene and Sanitation, 1885-1888.

NASAL OBSTRUCTION.*

Irving Townsend, M. D.

Nasal obstruction is such a frequent symptom in cases applying to the specialist for treatment that in importance it ranks among the subjects worthy of our most thoughtful consideration.

It is not my purpose to limit the term "nasal obstruction" to intranasal growths or deformities, but to include as well all recognized conditions which may obstruct or inhibit free nasal respiration or interfere with the complete exercise of the various functions and special senses in which this organ plays a more or less important part. It is a common error to look upon the nose as a simple air passage without other importance except as the seat of the special sense of smell. We must consider, however, that with its accessory sinuses and air cells the nasal cavity is one of the most complicated parts of the human anatomy and that besides the respiratory and olfactory functions these structures play an important part, in relation to the mechanism of speech, to the enjoyment of the special senses of taste, hearing and occasionally sight, and to a degree possess an excretory function.

When we regard these significant facts it will be obvious that no portion of the body offers a more profitable field for study and investigation and in none do we find conditions more far reaching or fraught with more import in relation to health, comfort and enjoyment of life.

It is hardly necessary in this company to insist that a careful examination of the nasal passages *should be* a part of every com-

*Read before the Hom. Med. Society of the County of New York.

plete physical examination, but that it is not so regarded by many good practitioners is a well known fact.

A case in point.—About eighteen months ago I was consulted by a gentleman who had been under treatment for two years by two physicians in this city (one of them well known as a diagnostician) and for the past six months had been under treatment in Carlsbad. During this period the most important symptom had been a more or less constant dyspnœa with regular asthmatic attacks at night. His trouble was attributed to a myocarditis and progressive arterio-sclerosis. The removal of a dozen or more polypi from both nasal cavities gave him prompt relief, and he now considers himself well. The strange thing was that in all the examinations he had undergone no one had ever examined his nasal passages. We have been taught that lymphoid hypertrophies are the chief cause of nasal obstruction in early life and it has been asserted that they are the *only* cause in growing children. So much attention has been given to the subject of tonsil and adenoid hypertrophies and so much has been written by specialists during the past twenty years that the profession at large and even the general public are keenly alive to its importance. The work of the corps of medical school inspectors of the City Health Department is much to be commended, and since these physicians began to examine for enlarged tonsils and adenoids a great many of these cases have been sent to our public dispensaries for treatment. Unfortunately most of these physicians make only superficial examinations and do not look into the noses, and frequently omit to examine the nasopharynx at all, assuming that the only cause of mouth breathing is enlarged tonsils and adenoids.

Their conclusions are the natural sequence of the above-mentioned faulty teaching and the result is that these erroneous ideas are being passed along to the lay public with all the authority of official sanction.

The dispensary doctor owing to lack of time, in having two or three times as many cases as can be properly examined in the clinic hour, may accept the diagnosis of the school physician and subject the child to an unnecessary operation instead of directing his attention to the primary seat of the trouble in the nose.

Again the parents bring us children to have their tonsils or adenoids removed on the recommendation of the school examiner,

doctor, or nurse, or, perhaps, a neighbor, whose child had been relieved in that way.

Obviously the only thing to do is to examine and treat each case on its merits regardless of what has gone before, but occasionally the wise parent over educated on the subject of adenoids refuses to accept such a plan of procedure.

It is our duty as physicians to set our faces and use influence firmly against this "furor adenoidicus," as it has been appropriately called, which prevails at the present time.

We hear constantly of recurrence of adenoids after removal, which usually means either that the portion of the growth that was causing the obstruction had not been removed or that the real obstruction was located in the nose.

I do not mean to be understood as opposed to the removal of hypertrophied or diseased tonsils when it is evident that they are a source of irritation, obstruction, or danger, but I do wish to protest against operating on the throat of every child who is a mouth breather until it is clearly demonstrated that the obstruction is the result of these growths and not due to some intranasal defect.

There will always be borderland cases where it is impossible to determine exactly how much the obstruction is due to adenoids and how much to intranasal causes, and in such it is my custom to reduce both under a single anæsthesia rather than take the chance of a second operation.

Among the common causes of nasal obstruction are the following:

1. *Vascular Engorgement.* A soft swollen condition of any or all of the turbinated bodies, usually accompanied by congestion of the nasal mucosa, and resulting from repeated inflammations or a derangement of the vaso-motor nervous system. Neurotics, pregnant women, and those who are exposed to sudden changes of temperature or bad ventilation are favorable subjects. The pressure of tumors, reflex irritation in distant organs, inhalation of dust or irritant vapors, or a super-sensitive mucosa may be causes.

2. *Acute inflammation* is the most common cause of recent obstruction and when prolonged or recurring frequently often leads to true hypertrophy. Œdematous swelling may result from obstruction to circulation by pressure of growths or an ethmoiditis.

3. *Hypertrophy of the Turbinated Bodies* is a very frequent cause of nasal obstruction, and exists, to some degree, in a ma-

jority of the patients who consult the specialist. One or all the turbinates may be involved in the hypertrophic process, which may affect only the bone, the sub-mucous tissues, the mucosa, or all of them. The density of the swelling depends on the relative proportions of bone, fibrous tissue, and vascular erectile tissue composing its structure. It must be understood that hypertrophy is sometimes a process by which nature establishes a balance between the nasal cavities, and compensate for the difference in calibre due to septal deflections or other deformities. Recognizing this fact, it is obvious that size is not an indication for operative treatment in any case of hypertrophy. It is rather a question of how much trouble is caused by the presence of this growth, either from pressure or by obstructing the current of air or deflecting it from the normal course.

4. *Neoplasms, or New Growths*, benign or malignant, are sometimes the cause of nasal obstruction. Myxomata are the most common; after which fibromata, sarcomata, and carcinomata follow in the order named. Other varieties of growths may develop in this region, but are less common.

5. *In addition to the diseases mentioned above*, the lesions of tuberculosis and lupus, and much more frequently those of syphilis, occur in the walls of the nasal fossæ. Syphilitic gummata attacks the deeper structures, involving bone, periosteum, cartilage and cellular tissue—and unless arrested by treatment may cause permanent stenosis.

6. *Traumatism* may produce immediate obstruction by a fracture or dislocation of the septum, or, more remotely, by the development of the hæmatoma which is liable to be followed by abscess, ulceration, and synechia.

7. *Foreign bodies* introduced into the nose obstruct the respiratory passages, and unless removed promptly become embedded in exuberant granulation tissue and may permanently occlude the effected passage.

8. *Deformities of the osteocartilaginous framework of the nose*. Under this heading I would include all degrees of congenital narrowing of the nasal passages and the various forms of asymmetrical development of the bones at the base of the skull and the upper jaw, as well as deformities of the nasal septum. Far too little at-

tention has been paid in the past to these deformities in childhood and entirely too much left to nature. Many of these cases are congenital in spite of the old teaching that septal deflection was not found in growing children. If we consider for a moment the anatomical development the reason will be apparent.

In early life the vomer is composed of two parallel laminæ which become blended about puberty, sometimes remaining only partly adherent or even in extreme cases existing as separate plates, the so-called double septa. It is reasonable that the majority of congenital deformities of the septa result from either overgrowth or arrested development of one or both these laminæ of the vomer, while the acquired form are due to injuries at birth or subsequently, and to certain diseases causing loss of tissue, or of a malignant nature. A high palatal arch and very narrow nasal passages often co-exist, and constitute the most difficult class of cases to treat. Traumatism is often responsible for deformities of the septum, which vary from slight deviations of the cartilage to a series of deflections or dislocations of the bone and cartilage at different angles, more or less thickened and having irregular protuberances commonly described as ridges or spurs.

Concerning the resistance of the septum it should be borne in mind that the anterior third cartilaginous throughout life, and even in the congenital form, yields readily to pressure. The upper third of the septum, the perpendicular plate of the ethmoid, ossifies about the first year after birth, whereas the lower third, the vomer, begins to ossify in the tenth week of foetal life and is completed only about puberty.

At the junction of the triangular cartilages and the vomer, the spurs and ridges are chiefly of cartilage—exostoses and ecchondroses along the base of the triangular cartilage are more apt to become hard bone. It is evident that extreme hypertrophy of the turbinates in children may produce a corresponding curvature in the still flexible septum, while ordinarily the septal deformity acts primarily in causing the obstruction. Over the seat of the convexity and especially over a spur or ridge, the mucous membrane is particularly prone to become swollen and thickened, which in time produces a marked hyperplasia which by its encroachment on the lumen of the passage materially increases the destruction. Family

as well as facial characteristics must not be overlooked as predisposing causes.

In a comprehensive paper on the "Anatomical Developments of the Nasal Septum," by Freeman, he makes the following interesting observations. Excepting in the instances where deformities of the septum are due to traumatism or disease, we must look upon them for the most part as the results of evolutionary changes. The external nose of certain peoples, the African negro, Egyptian, American Indian, and others, is often more or less characteristic, and it is the result of centuries of exclusiveness which thus preserved the purity of the races. The high or leptorhinc nose of the dolichocephalic head needs a greater development of the septum than the low nose of the brachycephalic type; consequently, in the intermarriage of different races, should the nose tend to follow the leptorhinc character, say, of the father, while the rest of the facial bones follow the platyrhinc type of the mother, there must necessarily be a bending of the septum, locked, as it is, in a frame already ossified. Broca, who has given special attention to the ethnological study of the nose, finds that when one race has conquered another the nose, as generations go by, begins to follow the type of that of the more numerous race." (*Laryngoscope*, October, 1901.)

Two factors which have become operative within the past few years have added much to our interest in and knowledge of septal surgery are, first, the sub-mucous method of removal of spurs, ridges and resection of the septum by which much more satisfactory results have been obtained. Second, the work of the orthodontist has been an undoubted stimulus in calling attention to the importance of early correction of all abnormalities in the nose and throat. While I am glad to pay this tribute to the work of the orthodontist which is doing so much to supplement our efforts in behalf of a class of children who were largely neglected a generation ago I would warn him against the prevalent fallacy that enlarged tonsils and adenoids are the only obstacles to nasal respiration.

THE TREATMENT OF FAILING COMPENSATION.*

E. Guernsey Rankin, A. M., M. D.

The treatment of failing compensation in valvular disease of the heart is peculiar in the fact that in face of an unfavorable prognosis it holds out in a certain proportion of cases a reasonable hope for relief and prolongation of life. In regarding the phenomenon of compensation,—compensative hypertrophy,—with its increase of normal tissue in the heart walls, with its enlargement of the cavities of the heart, especially of ventricles, thus taking care of the altered blood current, that is the retardation of the normal, we must conclude that the condition is essentially a mechanical one; likewise failing compensation, we find the heart walls enfeebled by degeneration, giving way because no longer able to withstand the pressure, there resulting either the less frequent but sometimes sudden failure of the ventricles to maintain the peripheral circulation, or the more frequent relative insufficiency of the tricuspid valve with retardation of the normal onward flow of the venæ cavæ and the long train of organic and functional sequelæ—the mechanism of the heart action is changed, the great pump of the body is no longer able to perform its function. It matters not so much at this stage whether the primary cause be endocarditis or arteriosclerosis, the results, as far as failure of compensation is concerned, are essentially the same.

The only treatment, it seems to me, with our present knowledge which has any scientific basis, as it were, be likewise. Aside from general hygiene, diet and rest,—the only treatment which seems to me to promise any scientific basis is that which in a sense must also be mechanical. We have no drugs which act on the valves or orifices of the heart, at least directly. Nothing which can restore these damaged structures; but have those, on the other hand, which act on the heart muscles in strengthening the systole and lengthening the diastole, thus artificially restoring for a time the heart functions, and upon them we must depend.

A word about rest—obviously there is no necessity of dwelling upon this measure in advanced cases, but in the milder forms where

*Read before the Hom. Med. Society of the County of New York.

compensation is weak, yet the patient is able to attend, to a certain extent, to the ordinary duties of life. I know of no more important therapeutic measure than rest in bed for two or three weeks at times when the cardiac symptoms become more troublesome.

In the instance of sudden failure of the heart without tricuspid insufficiency with its attendant dropsy, I regard strychnine and nitro-glycerine as our mainstays, nitroglycerine being of especial value if there is high tension and arteriosclerosis in which instance it should be administered freely. In regard to the gradually failing compensation with tricuspid insufficiency and the long train of symptoms which follow in its wake, beyond question the cardinal remedies are those classed as the digitalis group, of which digitalis is pre-eminently chief. *Strophanthus*, *Crætagus*, *Caffien*, *Spartien* and *Convallaria* are also of service in the order mentioned, of these *Strophanthus* and *Crætagus*, in turn, are certainly the most important. All these remedies must be administered in physiological doses.

As for the homœopathically indicated remedies I find these most useful for certain concomitant symptoms and conditions, but my main reliance is as mentioned.

It is gratifying to know that in endorsing these time honored methods of treatment that I find myself in accord with the great majority of the homœopathic school, as far as this city is concerned, I have had occasion to observe.

THE TREATMENT OF ACUTE ENDOCARDITIS.*

D. E. S. Coleman, M. D.

The essential point in the treatment of acute endocarditis is the avoidance of any influence tending to throw work upon the heart. Absolute mental and bodily rest should be insisted upon, and the consumption of liquids reduced to the minimum. An equable temperature of the room should be maintained, and draughts must be guarded against. Abundant fresh air should be admitted. Placing rheumatic patients between blankets is an excellent practice.

The bowels should be kept open, if required, by simple enemæ, great care being taken not to excite the patient or cause undue

*Read before the Hom. Med. Society of the County of New York.

strain; evacuation must be passed in a bed pan, and in a recumbent position.

A milk diet is the most satisfactory; no water need then be given, and the restriction of liquid can thus be kept within reasonable limits.

As in the treatment of any disease, the selection of a remedy is based upon the totality of the *characteristic* symptoms, and in discussing drugs I will confine myself to those I personally have verified, being reluctant to read before this society of experienced practitioners any article resembling a didactic lecture.

The following is such a resume: *Aconite* I have found one of the most frequent indicated remedies; its characteristic symptoms, restlessness, anxiety, hard, full, rapid or thread-like pulse, stitches in the heart, numbness of the left arm, standing out prominently.

The pathogenesis of *Spigelia* (violent, irregular, tumultuous action of the heart which can be seen through the clothes, anxious oppression, dyspnoea and dry cough) resembles closely the symptoms of acute endocarditis, which I have reason to substantiate. *Aconite*, *Spigelia* and *Naja* are the three drugs mentioned by Richard Hughes as being those principally used in the rheumatic form of this disease.

Kalmia resembles *Spigelia* with the exception that the action of the heart is slow instead of rapid. (I have seen an exception to the slow pulse, however.) It has aching of the left arm, similar to *Aconite* and *Rhus tox*.

Bryonia has great oppression of the chest, palpitation, stitching pain, aggravation from motion, relief from hot applications.

Digitalis, slow, feeble, irregular pulse, or very rapid pulse as if the heart were running away, anxiety and oppression. I have found the remedy not only of great value in the later stages of this disease, but during the acute as well. I remember a case complicating pneumonia that seemed hopeless but recovered, where both the aortic and mitral valves were involved, having a very rapid, feeble, irregular pulse and a respiration of sixty-eight per minute, in which it did wonders. *Bryonia*, *Phosphorus* and *Apis* were the other drugs used at different times according to indications.

Phosphorus, oppression of chest, aggravation from lying on the left side, cough worse at night.

Apis, retention of urine, absence of thirst, desire for cold air, drowsiness. Indeed my experience leads me to consider. *Apis* a most valuable drug in certain cases.

I believe with Richard Hughes and others that *Digitalis* is antidoted by alcohol, and should not be given above the first potency unless run up in water. I put six drops of the tincture in half a glass of water, and give teaspoonful doses, or if I medicate globules, I use the first decimal or first centesimal.

Cactus, feeling as if the heart were grasped by an iron hand.

Lachesis, aggravation from pressure or constriction and from sleep.

Rhus tox., restlessness, aching of left arm, aggravation from dampness, relief from motion, triangular red tip of tongue.

Arsenicum, restlessness, prostration, aggravation at night, especially about midnight, relief from heat, thirst for small quantities of water.

Aurum, *Magnolia grandiflora*, *Spongia* and *Veratrum viride* are mentioned in Allen's Hand Book under clinical verifications, and more drugs, such as *Cimicifuga*, *Iodine*, *Belladonna*, etc., are recommended by other authors. We must keep in mind that any remedy may be indicated if the *characteristics* calling for it are present.

In the malignant form *Arsenicum*, *Crotalus*, *Lachesis*, *Naja*, *Secale*, etc., will be thought of.

I have one suggestion to make in regard to gonorrhœal endocarditis, which I have not had the opportunity to test. These cases are very fatal, and go bad with the best prescribing. It is claimed that the gonococci can not live in a body so saturated with the sulphides that the odor is detected from the skin. I would suggest giving *Hepar sulphur* to such cases; in fact, to all malignant cases that have not reacted to the apparently indicated remedy.

THE TREATMENT OF THE COMPENSATED LESION.*

Harrison Greenleaf Sloat, M. D.

The treatment of a cardiac lesion is undertaken at three periods: 1. When the lesion is well compensated. 2. When compensation is failing; and 3. When compensation is altogether wanting. The compensated lesion has been assigned to me.

The object of treatment at this stage is to maintain cardiac power, or, rather, it is to so increase the normal power that the heart by virtue of an increased effort may overcome the irregularities of the circulating blood brought about by the damaged valves.

*Read before the Hom. Med. Society of the County of New York.

When the physician meets a case of valvular disease the question at once arises: Is it wise and proper to acquaint the patient with his condition? For in the stage of compensation the defect is usually discovered in the routine examination and not by any direct reference by the patient. Whether or not the patient is told of his condition will depend on his intelligence and habits of life. If he is of an extremely nervous temperament and given to introspection, it may be better to allow him to remain in ignorance, at least for the time being; but, on the other hand, if his habits and mode of life be such as would tend to an early rupture of compensation, then he should be made aware of the facts, but in such a way as not to cause alarm, but to give confidence that by proper regulation of life the accident of rupture may be indefinitely postponed.

The treatment of the compensated lesion demands not drugs, but instruction in the following points: Exercise, occupation, habits, or mode of life, clothing and food.

The kind and amount of exercise depends upon the extent of injury to the valve and upon its anatomical position; but it is often very difficult at this period to estimate the amount of damage done.

Men of sedentary habits should be instructed and encouraged to indulge in moderate exercise, but those who are wont to ignore rules must be closely watched.

Of the various lesions mitral stenosis will bear the least amount of exercise, as with all exercise there is a demand for a larger and freer circulation, and the thin walled auricle is the first to feel the strain in its efforts to force more blood through the obstructed auriculo-ventricular orifice, and under such pressure it is very apt to dilate. On the other hand, aortic stenosis will admit of considerable more exercise, as the thick muscle of the ventricle lends itself more readily to hypertrophy and is not so prone to stretch.

Mitral regurgitation is often compatible with severe and often violent exertion, and may give rise to no symptoms save that the patient is conscious of a rapidly and strongly acting heart.

Aortic regurgitation may be placed at the top of the list of lesions compatible with much muscular effort. As freedom from distressing symptoms in this disease depends on the hypertrophy of the left ventricle, patients may be advised to do a considerable amount of physical labor with this end in view. Stokes, of Dublin, was the first to point this out, and many of his cases were not only permitted, but

advised, to indulge in rather extreme forms of exercise, such as long runs and bicycle rides, boxing, wrestling and the like.

Of course, the foregoing applies to those who have acquired their lesions before the age of forty; in other words, in those whose lesion is the result of a rheumatic endocarditis rather than an athermatous change, as the latter is apt to also affect the myocardium, in which case the muscle is unable to meet the requirements in the matter of compensation.

Occupation is to be studied from the same standpoint as exercise, and those whose lesions consist of mitral and aortic stenosis should follow callings requiring mental rather than physical work. Such patients should not be confined to smoky nor dusty atmosphere on account of the attending inclination to bronchial disturbances and coughs.

The patient with a valvular lesion should always be on guard against a recurrence of his rheumatic trouble, and to this end he should clothe and house himself in accordance with well known laws as much as his circumstances will permit.

The diet should be liberal and varied, but never excessive. Much nitrogenous food leads to excessive waste in the blood, which causes more resistance in the capillaries, and hence more work for the heart. Again, a meat diet may aggravate those predisposed to gouty conditions, and thus add further damage to the heart.

Because a heart murmur is heard it is no indication that digitalis or some other heart stimulant must be administered. In fact, these hearts do much better on a line of treatment that is rich in hygiene and prophylaxis and poor in drugs.

The use of drugs comes in in those intercurrent conditions that secondarily affect the heart, and among these constipation and flatulent distention of the bowels occupy a prominent place. In both there is splanchnic irritation and consequent alteration of blood pressure, and in the latter there is the effect of mechanical encroachment upon the contents of the thoracic cavity. Such disorders tend to impair the appetite, and may lead to anemia, neuralgia, coldness of the extremities and the various phenomena of auto-infection. Again, flatulent indigestion, probably through the absorption of toxins, is a frequent cause of cardiac erythemia.

To conclude, then, give your cardiac patient as much hygiene as you can, working out each case according to its needs and the extent

and location of the injury; give the case as little drugs as possible, and withdraw that little as soon as it has done its duty.

HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA.

The second quarterly meeting of the Hahnemann Medical Association met in this city with good attendance.

The president, Dr. C. R. Mayer, reported progress along all lines.

The treasurer, Dr. F. N. Jones, reported that there is a handsome balance to the credit of the association.

The secretary, Dr. John T. Crebbin, reported that since the last meeting Dr. H. M. Howe, of Lake Charles, had died, and suitable resolutions had been spread on the minutes. Also, that a number of physicians had taken the State examinations and had located in Louisiana. He further reported that he had received numerous letters from physicians wishing to come to this State and that reciprocity had been arranged with many of the States, which would be the means of bringing many desirable men here.

These reports were all adopted.

The following officers were elected to serve the ensuing year:

President, Dr. C. R. Mayer; vice-president, Dr. E. Harper; secretary, Dr. John T. Crebbin; treasurer, Dr. F. N. Jones.

The chair appointed the following chairmen of committees: Publication, Dr. C. Edwin Verdier; Membership, Dr. R. S. Moth.

The following delegates were selected: To the Institute of Homœopathy, Drs. E. Harper and J. Belden; to the Southern Homœopathic Medical Association, Drs. C. R. Mayer, R. S. Moth, E. Harper and John T. Crebbin.

Drs. F. N. Jones and E. Harper were selected to prepare papers for the next meeting, the subject being "Surgery."

Dr. C. Edwin Verdier read an interesting article on "Epididymitis."

Louisiana has two Boards of Examiners and the State has many openings. Any who contemplate locating here would do well to communicate with Dr. John T. Crebbin, No. 1207 Maison Blanche Building, New Orleans, La.

ALUNMI NOTES.

Dr. Homer I. Ostrom, '73, announces that on April 7th, he will remove his office to 130 West 57th St., New York. Office hours, 10 A. M. to 12 M. and by appointment. Telephone, 5520 Columbus.

Dr. John B. Garrison, '82, announces his removal on May 1st to "The Sydenham," 616 Madison Ave., New York, N. Y. Office hours, 10 to 12:30, and by appointment. Telephone, 1470 Plaza.

Dr. B. Burt Sheldon, '00, announces his removal to 112 West 122d St., near Lenox Ave. Until 9, 12:30 to 2, 5:30 to 7:30, except Sunday evenings. Telephone, 5461 Morningside.

Dr. Ralph G. Yeaton, '09, 1171 45th St. Hours, until 10 A. M., 1 to 2 and 6 to 7:30 P. M. Telephone, 2798 Bay Ridge.

Gregg Custis Birdsall, '04, desires to announce the removal of his offices on June 1st to 1332—15th St., Washington, D. C.

William H. Dieffenbach, '00, of New York City, gave an address on "The X-Ray With Reference to Diseases of Bone," illustrated by over 100 lantern slides, on April 18th, 1910, before the Poughkeepsie Academy of Medicine. The society was entertained by Drs. C. E. and Geo. Lane, '83 and '08, at the Medical Library in Poughkeepsie. The Academy is composed of practitioners of both schools.

 OBITUARY.

Thomas Clay Nelson, M. D., Alma Mater, 1867, of Augusta, Ga., a Confederate veteran, died at his home, March 21, 1910, æt. 66 years.

 WHAT THE DEFENSE MAY DO.

When a physician is called to a person suffering from a wound inflicted by another, and where a surgical operation is necessary in order to save life, the question of legal responsibility becomes a serious one, and the physician may well hesitate. If the patient dies from shock while the operation is being performed, or, indeed, if he dies at all, the defense is sure to raise the question as to

whether death was caused by the wound inflicted or from the operation performed, the anæsthetic administered or all combined. In the year 1882, the writer had one of the most disagreeable hours of his life in attempting to explain to an astute lawyer for the defense that death was not caused by an operation or an anæsthetic, and that the surgeon was not the actual cause of the individual's death.

ADMINISTERING REMEDIES.

A physician who has a legal right to practice medicine has the right to administer any remedy under the blue canopy that he thinks will benefit his patient; provided, that remedy is administered without malice. If, however, an unusual or violent remedy is given, and death or serious results ensue, the courts would hold the physician criminally responsible, as the treatment and the results following would imply malice on his part.

CHARGE FOR YOUR SERVICES.

There is an old saying, and one that it would be well for physicians to heed, the purport of which is, "never give either salt or advice unless you are asked to do so." Gratuitous advice or service on the part of a physician will not exempt him from an action for malpractice, if either his advice or service has brought about an injury to another. Gratitude for advice of this kind is rather a negligible quality on the part of the lay public, as many court records will verify.

RELATIVE TO X-RAY BURNS.

A number of suits for malpractice brought about by X-ray burns have found their way into the courts during the past few years, and have in almost every instance been successfully defended. The same law applies that governs other branches of medical practice. It is to the effect that the operator must have had the ordinary experience, and must possess the ordinary knowledge that others possess doing the same line of work in the community in which he practices. The physician does not guarantee cures, and cannot be held responsible for untoward results if he has used ordinary care and prudence.

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